City of Falls Church - Emergency Information Form

To be returned to the Falls Church Community Center upon registration.

Camper name: _____ (Last) _____ (First) _____ (Middle)

Name of Camp:	Date of Birth:	Gender:	Grade as of Septemeber 2012:
Language Spoken at Home:	Camper resides with: ☐ Father, ☐ Mother, ☐ Both, ☐ Legal Guardian		

PRIMARY GUARDIAN
(Last, Middle, First) Home phone:

Address: Work Phone:

Cell Phone:

SECONDARY NAME
(Last, Middle, First) Home phone:

Address: Work Phone:

Cell Phone:

LIST TWO LOCAL PERSONS WE SHOULD CONTACT IN AN EMERGENCY IF THE PARENT/GUARDIAN CANNOT BE REACHED:

Name of person	Relationship	Telephone

LIST ADDITIONAL INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD:

NAME: RELATIONSHIP:

NAME: RELATIONSHIP:

Name of Health Insurance Company:		Child's Physician:
Policy/Group/Employee Number:	HMO Number (if applicable):	Physician's Telephone:

MEDICAL INFORMATION: Please check any current health condition that may require attention during the camp day.

☐Allergies (be specific) _____

☐Asthma ☐Diabetes ☐Hearing Problems ☐Hearing Aid (s) ☐Hemophilia

☐Heart Problems (be specific) _____ ☐Respritory (be specific) _____

☐Physical Disability (be specific) _____ ☐Seizures

☐Others (be specific) _____

List all medications and dosages your child receives on a continual basis:

Is medication required during camp hours: YES NO If yes, please request an additional medication authorization form.

Special procedure/additional notes:

The camp has my permission, in an emergency when I cannot be contacted, to take my child to the emergency room of the nearest hospital and its medical staff have my authorization to provide treatment which a physician deams necessary for the well-being of my child.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

↓ THIS SECTION TO BE COMPLETED FOR CAMPERS ENROLLED IN THE SUMMER FUN PLAYGROUND PROGRAM ONLY. ↓

I hereby ☐ DO ☐DO NOT (please check one) give permission for my child to participate in the Falls Church Recreation and Parks Summer Fun Playground program's swim trips to the Park Tower's pool located on Maple Avenue in Falls Church.

Please circle child's swim ability level: Non-swimmer Some Experience Experienced

I hereby ☐DO ☐DO NOT (please check one) permit my child to bike or walk to and from the Falls Church Recreation and Parks Summer Fun Playground program at Cherry Hill Park.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____